

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Ravenhurst Care Home

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DY13 8RU

Tel: 01299825610

Date of Inspection: 02 January 2014

Date of Publication: January  
2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Heart of England Housing & Care Limited
Overview of the service	Ravenhurst Care Home is registered to provide accommodation for personal care for up to fifty people.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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At the time of our inspection the provider did not have a registered manager in post. We inspected Ravenhurst Care Home and spoke with eight people who lived at the home and with three relatives of people who lived at the home. We observed the care and support people received. We looked at their care files and other supporting documents. We had discussions with the home manager, deputy manager and care staff about how people were being supported.

We saw that people gave their consent to staff which met their day to day care needs and where able had signed their care plans. One person who lived at the home told us: "I get support from staff when I need it".

People's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan. Staff told us they were aware of each person's needs and how to give care and support to meet those needs. People who lived at the home told us: "I'm respected and looked after".

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

The provider was able to demonstrate that they listened to people who lived at the home and regularly reviewed and monitored the care to make sure people received appropriate care.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

We found that before people received any care or treatment they had been asked for their consent and had signed to agree their plan of care. We saw that where people's care had been reviewed they had signed to agree any changes.

We saw that staff asked people about the care they wanted and waited for the person to respond. We also saw staff offered positive encouragement to help people with their choices. For example, we heard one staff member offer a person a bath the following morning after breakfast, which the person was happy with. People told us: "I'm happy here and I'm asked about the things I need". One relative we spoke with told us: "They really listen to X (person who lived at the home), and that's important". This meant that staff ensured people agreed to any provision of care before they carried it out.

We saw that care records had been kept under review and people had been involved where they had been able. The wishes of people who lived at the home, the opinions of relatives and other health professionals had been recorded. We saw that one person's consent to care and treatment had been signed by their relative who had Power of Attorney. Power of Attorney means a person has the authority to make decisions on behalf of someone else. This meant that suitable arrangements were in place to obtain consent from people in relation to their care and treatment.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We saw that staff had a kind and caring approach towards people they supported. We asked people who lived at the home about their views of Ravenhurst Care Home. People told us: "I get on with all the staff and I'm really well looked after" and: "I like it here, I don't want for anything". People also told us they saw their doctors and other health professionals if required.

We spoke with three relatives. They told us: "I'm so happy that my X (person who lived at the home) is here and very happy with the care and attention they get" and: "The staff always keep me updated and understand X well" and: "I'm very happy with the care here". They also told us that they had been included in their relatives care and kept informed of any changes in their health or care needs.

We found that staff had a good knowledge of the care and welfare needs of the people who lived at the home. We saw that staff communicated well with each other and understood the needs of the people who lived at the home. Staff told us: "The care plans detail everything we need to know" and: "We make sure any changes are recorded in the care plans".

Staff told us they made sure they were fully up to date with any changes to people's care needs. Staff told us that at the end of each shift they discussed all people who lived at the home to update any needs or support required. We saw that any changes made to people's support needs had been recorded. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw that plans were in place that made sure staff had information to keep people safe. Where a risk had been identified, it detailed the person responsible and how to minimise or manage the risk. For example, we saw that one person had an identified risk with their mobility. The plans in place told staff how to support them and staff confirmed the support that person had needed.

During our inspection we observed people involved in group and individual activities. For example, we saw that one person had been supported to read and in the afternoon some people were involved in a group activity. People told us: "They have entertainers come in"

and: "I like to go out in the garden in the warm weather". This meant that people were supported in the activities that they wanted and planned to do.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We saw that written policies and procedures for the management and administration of medicines were in place and easily accessible to all staff. These were comprehensive and included clear up to date guidance for staff to follow for the safe administration of medicines. Staff told us they were aware of these and knew where to find the information and that they had received training in medication administration. This meant that people could be confident that medicines were managed effectively because staff had access to up to date information.

We checked that all medicines were stored appropriately. We saw that daily records of the medicines fridge and room temperature had been maintained to ensure that all medicines were appropriately stored.

We saw that medicine administration records (MAR) documented when a medicine had been given or a record had been made to explain why the medicine had not been given.

The deputy manager told us that: "I check the medicine stock monthly and where required it's disposed of by the pharmacy". We saw records of these audits to confirm this. We found that medication not in blister packs had been counted and there had been a stock control audit. This meant medicine records were up to date and accurate.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We found that staff either had the experience, knowledge and skills to carry out their role or had undertaken further training when they began work. Staff told us that when a new staff member started work at the home they had received an induction programme. We were told by a lead carer that new staff had worked with experienced staff until they had felt confident to carry out their role.

We looked at three staff records. We found there were two references on file for each member of staff which indicated they were of good character. We found that these staff had a Disclosure and Barring Service check (DBS) on file and that they had not commenced employment until the DBS check had been received. We found two identification documents for each member of staff. This meant that the provider had undertaken appropriate checks before staff began work.

We found that the application forms detailed staff work history. Where there were gaps in employment the manager was not able to provide the reason for the gaps. The provider might find it useful to note that the reasons for any gaps in employment history must be written down.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who lived at the home, their representatives and care workers had been asked for their views of the home. The provider had held 'residents meetings'. We spoke with two relatives who told us that they had attended the meetings and felt their views were valued. The manager told us they planned to involve external professionals at the residents meetings in the future. For example, they planned for a speaker to talk about end of life care.

The manager confirmed that people who lived at the home, relatives and other professionals' views had been sought. The most recent internal survey results were available and displayed around the home. We saw that care plans were reviewed every four to six months, which involved the person and included comments and views from relatives. These were recorded and updated in the care plan documents.

The provider showed that they had assessed and identified risks to people who lived at the home and others. For example, we saw that risk assessments had been completed for many areas of the home and all policies were accessible to staff and others. This meant that systems were in place to identify, assess and manage risks to the health, safety and welfare of people who lived at the service and others.

The provider had monitored the service through monthly audits. These audits looked at the environment, people's care and policies and procedures. We saw the results from a recent audit. This audit had identified areas for improvements and the required actions with timescales for completion. This meant that the provider had been monitoring and assessing the quality of the service they provided and had considered the views of people who lived at the home.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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